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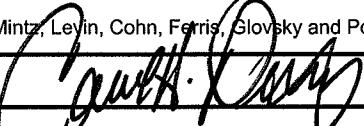
Total Number of Pages in This Submission

|                        |                     |
|------------------------|---------------------|
| Application Number     | 10/817,139          |
| Filing Date            | April 2, 2004       |
| First Named Inventor   | Lawrence M. Sherman |
| Art Unit               | 3696                |
| Examiner Name          | Ojo O. Oyebisi      |
| Attorney Docket Number | 07473-038           |

### ENCLOSURES (Check all that apply)

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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br><b>(Appeal Notice, Brief, Reply Brief)</b><br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks  |  |  |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C. #30623                          |          |        |
| Signature    |  |          |        |
| Printed name | Carol H. Peters   |          |        |
| Date         | May 26, 2009  | Reg. No. | 45,010 |

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